OSHTEMO TOWNSHIP

HAZARDOUS SUBSTANCE REPORTING FORM

Note: This form must be completed and submitted as part of the site plan review process.								
Name of Business:								
Location of Business:								
Name of Business Owner:								
Mailing Address:								
City:			State: Zip:					
Telephone:								
I affirm that the information submitted in this form is accurate:								
Owner's Signature: Date:								
			MANAGEMENT OF HAZARDOUS SUBSTANCES					
		<u>Haz</u>	cardous substance (definition): Reference Sec. 11.308, Oshtemo Township Zoning Ordinance					
1.	Y	N	Will the proposed project store, use, or generate hazardous substances in quantities greater than 100 kilograms per month (about 25 gallons per month) now, or in the future? If yes, please complete the rest of this form and submit with your site plan. If no, stop here and submit with your site plan.					
2.	Y	N	Will hazardous substances be reused and / or recycled on-site?					
3.	Y	N	Will any hazardous substances be stored, used, or handled on the site? If yes, identify the location, size, and type of spill containment facilities which will be used and provide details on the site plan.					
4.	Y	N	Will hazardous waste an/or liquid industrial waste be transported off-site for treatment, disposal, and / or recycling? If yes, please list the name, address and telephone number of your licensed transporter(s).					

- 5. Y N Will new underground storage tanks be located less than 2,000 feet form drinking water wells serving two or more establishments, or less than 300 feet from a single family drinking well? If yes, contact Michigan Department of Environmental Quality, Storage Tank Division, (517) 373-8168 for specific requirements and restrictions.
- 6. Y N Will the interior of the proposed project have any general purpose floor drains? If yes, into what system will the floor drains be connected? (Provide detail on site plan)
 - a. Sanitary sewer system
 - b. On-site holding tank(s)
 - c. A system authorized by a state approved groundwater discharge permit, with required monitoring (Contact: Michigan Department of Environmental Quality, Waste Management Division, (616) 567-3500.

Note: General purpose floor drains shall <u>not</u> be connected to a storm drainage system, dry well or septic system.

7. Y N Please list the hazardous substances which are expected to be used, stored, or generated on-site. Quantities should reflect the maximum volumes on site at any time. Attach additional pages, if necessary to list all hazardous substances.

	Common/ Trade Name	Chemical Components	Form	Max Quantity	Storage
A					
В					
C					
D					
E					
F					

Key:

	FORM		STORAGE		
Liq	Liquid	AST	Aboveground Storage Tank		
P. Liq	Pressurized Liquid	UST	Underground Storage Tank		
\mathbf{S}	Solid	D	Drum		
\mathbf{G}	Gas	CY	Cylinder		
PG	Pressurized Gas	MC	Metal Container		
		WC	Wooden Container		
		PT	Portable Tank		